

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1072911

Vendor Name: Ms Veronica Lopez

Invoice Number: 110618

Invoice Date: 11/06/18

PO Number:

Check Number: 0244584

Check Amount: \$ 99.46

Check Date: 11/14/2018

Department ID: 99667

Reviewer Name:

Voucher Number: V0541784

Redaction Type: FERPA

Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

From: acctpay@cod.edu
Sent: Tue Nov 06 13:59:31 CST 2018
To: invoicing@cod.edu
CC:
Subject: FW: Student Life Check Request Form

From: Gonzales, Sandra
Sent: Tuesday, November 6, 2018 1:07 PM
To: Accounts Payable <acctpay@cod.edu>
Subject: Student Life Check Request Form

Good Afternoon,

Attached please find a student Check Request Form and supporting documentation for your review. Please let me know if you have any questions.

Thank you!

Sandra Gonzales

Administrative Assistant
Office of Student Life
College of DuPage
425 Fawell Blvd. Glen Ellyn, IL 60137
630.942.2739 | SSC 1217
Learner, Intellection, Achiever, Input, Responsibility

College of DuPage - Accounts Payable

Check Request Form

revised 12/18/17

This form may be used to request check payments only for those items for which the issuance of a purchase order would not be appropriate. Attach supporting documentation (e.g., invoice or agreement). Please refer to Vendor Payment - Check Request Procedure No. 10-65

Date: 11/6/2018

Vendor ID: 1

Invoice Number	P.O. Number/ Req. Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
		10	99	99667	2900099	Funds Held in Custody of Othr	\$ 19.98

Grand Total

\$ 19.98

AP VERIFIED

Check the appropriate box below and sign

☒ **11/07/18** **BETHANY CRUSE**
We, the undersigned, hereby certify that the goods/services for which payment is herein requested, have been provided in a satisfactory condition/manner. Consequently, payment is appropriate at this time.

☐ We, the undersigned, hereby certify that the goods/services, for which payment is herein requested, have not yet been provided. The first approver indicated below will notify the Accounts Payable Office in writing when the goods/services have been delivered in a satisfactory condition/manner.

Payee Name:

Other
Instructions:

Payee Address:

Description on Check:

Tabling candy for Casa de Amigos for Club a Palooza.

Approvals:

Prepared By: Sandra Gonzales

Approved By: Chuck Steele

Date:

Signature:

Signature:

Date:

Payment Due:

Approved By:

Date:

Board Approved Date:

Signature:

Approved By Division VP:

Date:

Signature:

Return Approved Request and All Supporting Documents to: Accounts Payable (SRC 2132 A), acctpay@cod.edu

Office Use Only

Date Received: _____

Staff Initials: _____

Put in Shannon's mailbox

Reimbursement Request Form

For Student Club Officers Only

ADVISOR REIMBURSEMENTS ONLY

PLEASE DO NOT USE THIS FORM TO SUBMIT A REIMBURSEMENT—All reimbursements must be submitted on Concur and receipts may be emailed to Shannon Hernandez at hernan@cod.edu.

- For *first-time reimbursements*, please contact Shannon for procedures on submitting and allocating expenses in Concur.

STUDENT REIMBURSEMENTS ONLY

In order to request a reimbursement, please note the following:

- COMPLETE THE FORM BELOW.
- ORIGINAL RECEIPT(s) must be submitted
- If there is tax included in the receipt(s), you will not be reimbursed for the tax.
 - Please pick up a tax exempt letter at the front desk for future purchases
- Advisor must approve the reimbursement below or email their approval to hernan@cod.edu
- You will receive a confirmation email informing you when your check will be mailed.

Contact Information

Today's Date: 11/6/18

Club Name: Casa de Amigos

Student Name: _____

Student ID #: _____

Email Address: _____

Address: _____

City: _____

Reimbursement Information

Date of Receipt: 10/24/18 (receipts should be submitted within 2 weeks of

Amount of Reimbursement: \$ 19.98 purchase) (tax is not reimbursed)

Reason for Purchase: Candy for the Club-A-Poolza

Is this food for a meeting? ☐ Yes *If yes, please attach a list of attendees

☒ No

Advisor Approval

Advisor Signature*: [Signature]

In lieu of an advisor signature, advisors can email their approval to hernan@cod.edu



Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1072911

Vendor Name: Ms Veronica Lopez

Invoice Number: 11/6/18

Invoice Date: 11/06/18

PO Number:

Check Number: 0244584

Check Amount: \$ 99.46

Check Date: 11/14/2018

Department ID: 99154

Reviewer Name:

Voucher Number: V0541898

Redaction Type: FERPA

Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

From: cruseb199@cod.edu
Sent: Wed Nov 07 10:00:45 CST 2018
To: invoicing@cod.edu
CC:
Subject: FW: Check Request-Student Life

From: Accounts Payable
Sent: Wednesday, November 7, 2018 10:00 AM
To: Cruse, Bethany <cruseb199@cod.edu>
Subject: FW: Check Request-Student Life

From: Gonzales, Sandra
Sent: Wednesday, November 7, 2018 8:35 AM
To: Accounts Payable <acctpay@cod.edu>
Subject: Check Request-Student Life

Good Morning,

Attached please find a Check Request Form and supporting documentation. Please let me know if you have any questions.

Have a great day.

Sandra Gonzales

Administrative Assistant
Office of Student Life
College of DuPage
425 Fawell Blvd. Glen Ellyn, IL 60137
630.942.2739 | SSC 1217
Learner, Intellection, Achiever, Input, Responsibility

College of DuPage - Accounts Payable

Check Request Form

revised 12/18/17

This form may be used to request check payments only for those items for which the issuance of a purchase order would not be appropriate. Attach supporting documentation (e.g., invoice or agreement). Please refer to Vendor Payment - Check Request Procedure No. 10-65

Date: 11/6/2018

Vendor ID: _____

Invoice Number	P.O. Number/ Req. Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
		10	99	99154	2900099	Funds Held in Custody of Othr	\$ _____

Grand Total

\$ _____

AP VERIFIED

Check the appropriate box below and sign



We, the undersigned, hereby certify that the goods/services, for which payment is herein requested, have been provided in a satisfactory condition/manner.

Consequently, payment is appropriate at this time.

11/08/18 - BETHANY CRUSE

We, the undersigned, hereby certify that the goods/services, for which payment is herein requested, have not yet been provided. The first approver indicated below will notify the Accounts Payable Office in writing when the goods/services have been delivered in a satisfactory condition/manner.

Payee Name: _____

Other

Instructions: _____

Payee Address: _____

Description on Check:

Supplies for Conversation Table, Day of the Dead.

Approvals:

Prepared By:

Sandra Gonzales

Approved By:

Chuck Steele

Date: 11/6/18

Signature: _____

Signature: _____

Payment Due: _____

Approved By: _____

Date: _____

Board Approved Date: _____

Signature: _____

Approved By Division VP: _____

Date: _____

Signature: _____

Return Approved Request and All Supporting Documents to: Accounts Payable (SRC 2132 A), acctpay@cod.edu

Office Use Only

Date Received: 11/6/18

Staff Initials: RM

Put in Shannon's mailbox

Reimbursement Request Form

For Student Club Officers Only

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- For *first-time reimbursements*, please contact Shannon for procedures on submitting and allocating expenses in Concur.

STUDENT REIMBURSEMENTS ONLY

In order to request a reimbursement, please note the following:

- COMPLETE THE FORM BELOW.
- ORIGINAL RECEIPT(s) must be submitted
- If there is tax included in the receipt(s), you will not be reimbursed for the tax.
 - Please pick up a tax exempt letter at the front desk for future purchases
- Advisor must approve the reimbursement below or email their approval to hernan@cod.edu
- You will receive a confirmation email informing you when your check will be mailed.

Contact Information

Today's Date: 11/6/18

Club Name: Casa de Amigos

Student Name

Student ID #

Email Address

Address

City

Reimbursement Information

Date of Receipt: 10-26-18 (receipts should be submitted within 2 weeks of

Amount of Reimbursement: \$128.88 purchase) (tax is not reimbursed)

Reason for Purchase: Conversation Table Day of Dead Theme

Is this food for a meeting?

☐ Yes

*If yes, please attach a list of attendees

☒ No

Advisor Approval

Advisor Signature*: Vanesa Rinilhu

In lieu of an advisor signature, advisors can email their approval to hernan@cod.edu

Spirit Halloween

Finley Sq #60446
Finley Square
Downers Grove, IL 60515
(866) 586-0155

Date: 10/26/18 3:59 PM Store: 60446
Register: 3 Trans: 2
Cashier: 3204801
Trans Type: EMPLOYEE SALE

Employee Number: 3211073

SGSKL STAT SET		2.97 TX
01263573	1 @ 2.97	
SGSKL STAT SET		2.97 TX
01263573	1 @ 2.97	
SGR SKULL MAGNT		2.99 TX
01200351	1 @ 2.99	
SGR SKULL MAGNT		2.99 TX
01200351	1 @ 2.99	
LG DOTD CNVS TO		9.99 TX
01261007	1 @ 9.99	
LG DOTD CNVS TO		9.99 TX
01261007	1 @ 9.99	
BASIC PK TCLOTH		4.97 TX
01312354	1 @ 4.97	
BASIC PK TCLOTH		2.46 TX
01312354	1 @ 4.97	

Buy 2 Get 1 For 50% off: -2.49

TODAY YOU SAVED \$14.30

Subtotal:	27.54
TX Taxable Amount:	27.54
TX (8.000%) Tax:	2.20
Total:	29.74
VISA	29.74

*****6378
LOPEZ/VERONICA

AUTH# 174186

Thank You for Shopping at
Spirit Halloween

Spirit Halloween

Finley Sq #60446
Finley Square
Downers Grove, IL 60515
(866) 586-0155

Date: 10/26/18 4:01 PM Store: 60446
Register: 3 Trans: 464
Cashier: 3204801
Trans Type: EMPLOYEE SALE

Employee Number: 3211073

DOTD MLDLR HB		9.99 TX
01269083	1 @ 9.99	
METAL LEAF CRWN		9.99 TX
01269539	1 @ 9.99	
DOTD NECKLACE		9.99 TX
01329911	1 @ 9.99	
FSH SKL TEALITE		1.97 TX
01250208	1 @ 1.97	
CRAYONS SML		2.99 TX
00138917	1 @ 2.99	
FLOR CRAYONS		2.99 TX
01070432	1 @ 2.99	
HOR CRAYONS		2.99 TX
01237908	1 @ 2.99	
DAY OF DEAD KIT		7.99 TX
01227453	1 @ 7.99	

Empl Trans Disc 30% off: -14.67

TODAY YOU SAVED \$14.67

Subtotal:	34.23
TX Taxable Amount:	34.23
TX (8.000%) Tax:	2.74
Total:	36.97
VISA	36.97

*****6378
LOPEZ/VERONICA

AUTH# 388015

Thank You for Shopping at
Spirit Halloween

PANADERIA NUEVO LEON

1634 W 18TH ST
CHICAGO, IL 60608
312-243-5977
MID 274600181227

10/27/2018 11:39

Sale

Trans Number: 13
Batch #: 1473

EBT *****1089 Swipe
Benefit: **/** Food

AMOUNT: \$49.40

Resp: APPROVED
Code: 810861
Ref #: 00670002
Ch Avail Bal: 0.00

THANK YOU
PLEASE COME AGAIN

CUSTOMER COPY

NATIONAL MUSEUM OF MEXICAN ART

1852 West 19th St.
Chicago, IL 60608

(312) 738-1503

Sales Receipt

10/27/2018 10:57 am

Ticket 220000070319

Register Register 1

Employee Yoselyne

Item	#	Price
Sugar Skull #8	1	\$14.00
Sugar Skull #7	1	\$8.00
Chicago Bag Tax*	1	\$0.07
Subtotal		\$22.07
Tax (\$22.00 @ 10.25%)		\$2.26
Total Tax		\$2.26
Total		\$24.33

22.00

PAYMENTS

Debit Card

Type: DEBIT

Entry: SWIPE

Approval: 858975 \$24.33

ID: 1311012328

AID: A0000000980840

Application Label: US DEBIT

PIN Statement: PIN Verified

Return Policy

If you are not satisfied, you may exchange an item within 30 days. We only accept exchanges not returns. The item returned must be in its original product packaging in salable condition.

* No Tax Applied
Thank You!

